

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 APR 18 AM 8:49

DOCUMENT # **P95000022235**

1. Corporation Name

T&J WOOD PRODUCTS, INC.

2. Principal Office Address
104 SE 1st AVENUE

Suite, Apt. #, etc.
SUITE A

City & State
OCALA, FL

Zip
34471

Country
USA

3. Mailing Office Address
104 SE 1st AVENUE

Suite, Apt. #, etc.
SUITE A

City & State
OCALA, FL

Zip
34471

Country
USA

REINSTATEMENT

04-05

**4. Date Incorporated or Qualified
To Do Business in Florida** 03/20/1995

5. FEI Number
593303084

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
LESLIE C. TURNER, JR., CPA

Street Address (P.O. Box Number is Not Acceptable)
104 SE 1st AVENUE

Suite, Apt. #, Etc.
SUITE A

City
OCALA

State Zip Code
FL 34471

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Leslie C. Turner

REGISTERED AGENT MUST SIGN

Date 3/10/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPS	JOHN M. McCORMICK	3180 NE 63rd STREET	OCALA, FL 34479
DVT	TED K. JAYCOX	3926 NE 67th TERRACE	SILVER SPRINGS, FL 34488

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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Ted K Jaycox TED K JAYCOX

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-05

Date

352-895-0736

Daytime Phone #

CR2E081 (01/05)